

# ROUTE KNOWLEDGE ASSESSMENT

## LVR F 072

Workers Name: \_\_\_\_\_ Date: \_\_\_\_\_

COC No. \_\_\_\_\_ COC Expiry: \_\_\_\_\_

Route Assessed: \_\_\_\_\_ Via: \_\_\_\_\_

Train Number: \_\_\_\_\_ Train Length: \_\_\_\_\_

Train Type: \_\_\_\_\_ Train Weight: \_\_\_\_\_

Safeworking Systems: \_\_\_\_\_

Weather/Day or Night: \_\_\_\_\_ Locomotives: \_\_\_\_\_

Assessor's Name: \_\_\_\_\_ Competent (Yes/No) \_\_\_\_\_

**C** Indicates that the worker is competent to perform these duties.  
**NYC** Indicates that the worker is Not Yet Competent to perform these duties.  
**N/A** Indicates Not Applicable.  
 Place a ✓ against each task to indicate completion

Procedure or Task	C	NYC	N/A
Systems of safeworking for route			
Correctly identify route and track names			
Location of signals / signs / indicators			
Location of Multi SPAD (Risk Signals)			
Understanding of any reduced distance signals			
Understanding of signals with less-than-ideal approach visibility			
Location of speed boards			
Location and degree of ruling gradients			
Location of emergency crossovers			
Train control boundaries			
Locations of stations			
Identify Yard Limits			
Identify points of no return			
Drive train to operational requirements of the route			
Running brake test where practical			
Understanding of signal sequences not shown while under training			
Describe how to obtain a relief locomotive			

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Take appropriate action if a train divides			
Assist a disabled train from a section			
Protect a train following an incident			
<b>Procedure or Task</b>	<b>C</b>	<b>NYC</b>	<b>N/A</b>
If the route is in electrified Territory – Describe the actions to be take if:			
- There is a fire			
- The overhead wiring is damaged			
- Work is needed on the wagons			
- There is a derailment or major incident under the overhead wiring			
Comments to validate assessment outcome:			
Action Required (If Necessary):			
<b>Assessor</b>		<b>Worker</b>	
I have conducted a competency-based assessment on the above Worker and find that the worker is competent to Perform the duties as assessed. I recommend certification.		I am confident I can perform these duties without supervision.	
Assessor's Name:		Worker Signature:	

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Assessor's Signature:		Date of Assessment:	
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